

COUNTY _____

APPLICATION FOR CERTIFICATE OF INSPECTION

TO: Robert B. Stroube, M.D., M.P.H.
State Health Commissioner
P. O. Box 2448
109 Governor Street, 6th Floor
Richmond, Virginia 23219

The undersigned hereby applies for a Certificate of Inspection to operate a business for the handling, processing and packing of scallops or whelks (conchs) under the name of:

Mailing address:

Physical location:

If such certificate is granted, the undersigned agrees to comply with the Rules and Regulations of the Virginia Department of Health (VDH) and the applicable statutes of the *Code of Virginia* for the *Sanitary Control of the Growing, Harvesting, Transporting, Processing, Packing and Shipping of Oysters, Clams and Other Shellfish* and with the VDH standards *The Federal Seafood HACCP Regulation, CFR 21, Part 123*. The undersigned further agrees to sell or offer for sale only such scallops or whelks that have been obtained from areas which are considered approved [Section 28.2-808, paragraph (3), *Code of Virginia*], or approved by a control agency in another state.

It is understood by the applicant that the State Health Commissioner, or his authorized representative, may in his discretion revoke any certificate granted in accordance with this application for any one or more of the following causes:

1. For occurrence in the applicant's establishment or other place of business, or in connection with his certified operations, of insanitary conditions or practices that are considered hazardous to the public health.
2. For occurrence in the applicant's establishment or other place of business, or in connection with his certified operations of repeated violations of the same item that may cause adulteration of food product, and by failure within a specified time period to correct critical deficiencies that may cause adulteration food product.

It is further understood by the applicant that in the event of revocation of a certificate the following conditions regarding certification will prevail:

- a. Application shall be made to the State Health Commissioner upon the form prescribed for regular certification.
- b. Application for recertification will not be considered by the State Health Commissioner within two weeks from date of revocation of certificate if such revocation be for causes set forth in paragraphs numbered 1 or 2.
- c. If applicant's certificate is revoked more than one time during any certification period for any cause set forth in paragraphs numbered 1 or 2, application for recertification will not be considered by the State Health Commissioner within two months from the date of last revocation.

Certificate No.
Now Held

Signed _____
(Dealer or Authorized Representative)

Address _____

Phone _____ Date _____

November 18, 2005